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Atty. Dkt. No. 081356-0158

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kazuma TOMIZUKA, et al.

Title: METHOD FOR MODIFYING
CHROMOSOMES

Appl. No.: 09/763,362

Filing Date: 4/23/2001

Examiner: Thaian N. Ton

Art Unit: 1632

Confirmation Number: 4670

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EL963564396US (Express Mail Label Number)	11/14/06 (Date of Deposit)
<i>Abidjan Arohi</i> (Printed Name)	
<i>A A</i> (Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated May 15, 2006, and in the Advisory Action dated October 6, 2006, finally rejecting Claims 93, 96-112, 117-124, 126, 135 and 138.

Applicant claims small entity status.

Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Notice of Appeal Fee

To be paid as detailed below

Not required (Fee paid in prior appeal)

11/17/2006 MBELETE1 00000031 09763362

01 FC:1401
02 FC:1253

500.00 OP
900.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00
<input checked="" type="checkbox"/>	Extension Already Obtained for first month:	\$120.00
	FEE TOTAL:	\$1,400.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1,400.00

A credit card payment form in the amount of \$1,400.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 14, 2006 By Vid Mohan

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